



***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
New Jersey State Board of Accountancy  
124 Halsey Street, 6th Floor, P.O. Box 45000  
Newark, New Jersey 07101  
(973) 504-6380

**Instructions for the Reinstatement of a  
Lapsed Certified Public Accountant's Firm Registration**

Submit all of the following to the mailing address indicated above:

**Reinstatement Application:**

Fill out the application form completely and have it notarized.

**Application Fees:**

- (1) Payment of all past delinquent license renewal fees\*;
- (2) Payment of the current triennial license renewal fee\*; and
- (3) Payment of the reinstatement fee of \$150.00.

**Proof of Competency:**

- (1) Submit a copy your most recent peer review acceptance letter; and
- (2) If reinstating as a limited liability partnership, or a corporation of any kind, you must submit proof that your firm is registered with the New Jersey Division of Revenue.

**\*Fee Schedule:**

License Status	Total Active Reinstatement Fee
Renewal Fee	90.00

The triennial period lasts for three (3) years (e.g. 1/1/00 - 12/31/02, 1/1/03 - 6/30/09, 7/1/09 - 6/30/12 etc.). Application fees must be calculated based on the fee for each triennial period that has occurred since the license lapsed, plus a reinstatement fee of \$150.00.



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**Application for Reinstatement of a  
New Jersey Certified Public Accountant's Firm Registration**

**You may not practice in the State of New Jersey until the registration has been reinstated.**

**Complete the following information. Please print clearly.**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP code

Address of Record\*: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP code

Home telephone number: \_\_\_\_\_ (include area code) Work telephone number: \_\_\_\_\_ (include area code)

Fax number: \_\_\_\_\_ (include area code) E-mail: \_\_\_\_\_

N.J. License number: \_\_\_\_\_ Date license expired: \_\_\_\_\_  
Month Day Year

***These questions are to be answered by the resident manager of the firm:***

1. Does this firm issue audited, reviewed or compiled financial statements? ☐ Yes ☐ No

2. Is the firm enrolled in a recognized Peer or Quality Review Program? ☐ Yes ☐ No

3. Enter the Resident Manager information for this firm below:

Resident Manager: \_\_\_\_\_ License Number: \_\_\_\_\_

4. Since your last renewal have you been arrested, charged or convicted or offense that you have not already reported to your Board? (Minor traffic offenses, such as speeding or parking need not be provided, but motor vehicle offenses such as driving while impaired or intoxicated must be reported.) ☐ Yes ☐ No

5. Since your last renewal, has any action been taken or is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation, or action by any other licensing authority that you have not already reported to this Board? ☐ Yes ☐ No

## AFFIDAVIT OF APPLICANT

I, \_\_\_\_\_, being duly sworn, depose and say under penalty of false statement, that I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

I have read the above and understand the same.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

**Affix Seal Here**